

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF NEW YORK

Case number (if known) _____

Chapter you are filing under:

- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13

 Check if this an amended filing**Official Form 101****Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Identify Yourself**About Debtor 1:****1. Your full name**

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

Kristin

First name

A

Middle name

Micalizzi

Last name and Suffix (Sr., Jr., II, III)

About Debtor 2 (Spouse Only in a Joint Case):**Alexander**

First name

V.

Middle name

Molenko

Last name and Suffix (Sr., Jr., II, III)

2. All other names you have used in the last 8 years**Allie Molenko**

Include your married or maiden names.

3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)**xxx-xx-5104****xxx-xx-8360**

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

About Debtor 1:**4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years**

- I have not used any business name or EINs.

Include trade names and *doing business as* names

Business name(s)

EINs

About Debtor 2 (Spouse Only in a Joint Case):

- I have not used any business name or EINs.

Business name(s)

EINs

5. Where you live

**40 Tidewater Ave.
Massapequa, NY 11758**

Number, Street, City, State & ZIP Code

Nassau

County

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Number, Street, City, State & ZIP Code

County

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy**Check one:**

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- I have another reason.
Explain. (See 28 U.S.C. § 1408.)

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

Part 2: Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under** Check one. (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)*). Also, go to the top of page 1 and check the appropriate box.
- Chapter 7
 Chapter 11
 Chapter 12
 Chapter 13
-
8. **How you will pay the fee** **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
 I need to pay the fee in installments. If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
 I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.
-
9. **Have you filed for bankruptcy within the last 8 years?** No.
 Yes.
- | | | |
|----------------|------------|-------------------|
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
| District _____ | When _____ | Case number _____ |
-
10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?** No
 Yes.
- | | | |
|----------------|---------------------------|-----------------------------|
| Debtor _____ | Relationship to you _____ | |
| District _____ | When _____ | Case number, if known _____ |
| Debtor _____ | Relationship to you _____ | |
| District _____ | When _____ | Case number, if known _____ |
-
11. **Do you rent your residence?** No. Go to line 12.
 Yes. Has your landlord obtained an eviction judgment against you and do you want to stay in your residence?
 No. Go to line 12.
 Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it with this bankruptcy petition.

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

Part 3: Report About Any Businesses You Own as a Sole Proprietor

12. Are you a sole proprietor of any full- or part-time business?

No. Go to Part 4.

Yes. Name and location of business

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

Name of business, if any _____

Number, Street, City, State & ZIP Code _____

Check the appropriate box to describe your business:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- None of the above

13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B).

No. I am not filing under Chapter 11.

No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

No.

Yes.

What is the hazard? _____

If immediate attention is needed, why is it needed? _____

Where is the property? _____

Number, Street, City, State & Zip Code _____

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy.

You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

- I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

- I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

- I am not required to receive a briefing about credit counseling because of:

 Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

 Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

 Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

Part 6: Answer These Questions for Reporting Purposes

16. What kind of debts do you have?	16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."		
	<input type="checkbox"/> No. Go to line 16b.		
	<input checked="" type="checkbox"/> Yes. Go to line 17.		
16b.	Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.		
	<input type="checkbox"/> No. Go to line 16c.		
	<input type="checkbox"/> Yes. Go to line 17.		
16c.	State the type of debts you owe that are not consumer debts or business debts <hr/>		
17. Are you filing under Chapter 7?	<input type="checkbox"/> No. I am not filing under Chapter 7. Go to line 18.		
Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	<input checked="" type="checkbox"/> Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
18. How many Creditors do you estimate that you owe?	<input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999	<input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5001-10,000 <input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> More than 100,000
19. How much do you estimate your assets to be worth?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input checked="" type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion
20. How much do you estimate your liabilities to be?	<input type="checkbox"/> \$0 - \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input checked="" type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$1,000,001 - \$10 million <input type="checkbox"/> \$10,000,001 - \$50 million <input type="checkbox"/> \$50,000,001 - \$100 million <input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> \$500,000,001 - \$1 billion <input type="checkbox"/> \$1,000,000,001 - \$10 billion <input type="checkbox"/> \$10,000,000,001 - \$50 billion <input type="checkbox"/> More than \$50 billion

Part 7: Sign Below**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Kristin A Micalizzi**Kristin A Micalizzi**

Signature of Debtor 1

/s/ Alexander V. Molenko**Alexander V. Molenko**

Signature of Debtor 2

Executed on February 22, 2017
MM / DD / YYYYExecuted on February 22, 2017
MM / DD / YYYY

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

For your attorney, if you are represented by one

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

If you are not represented by an attorney, you do not need to file this page.**/s/ Cooper J Macco**

Signature of Attorney for Debtor

Date

February 22, 2017

MM / DD / YYYY

Cooper J Macco

Printed name

Macco and Stern, LLP

Firm name

**2950 Express Drive South
Suite 109****Islandia, NY 11749**

Number, Street, City, State & ZIP Code

Contact phone **631-549-7900**

Email address _____

240151

Bar number & State

Fill in this information to identify your case:

Debtor 1	Kristin A Micalizzi		
	First Name	Middle Name	Last Name
Debtor 2	Alexander V. Molenko		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106Sum**Summary of Your Assets and Liabilities and Certain Statistical Information****12/15**

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Part 1: Summarize Your Assets

		Your assets Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	\$ 440,000.00
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 440,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 30,285.00
1c.	Copy line 63, Total of all property on Schedule A/B.....	\$ 470,285.00

Part 2: Summarize Your Liabilities

		Your liabilities Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	\$ 756,645.40
2a.	Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> ...	\$ 756,645.40
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$ 16,099.74
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i>	\$ 16,099.74
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i>	\$ 49,041.14
		Your total liabilities \$ 821,786.28

Part 3: Summarize Your Income and Expenses

4.	Schedule I: Your Income (Official Form 106I)	\$ 6,642.42
	Copy your combined monthly income from line 12 of <i>Schedule I</i>	\$ 6,642.42
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 7,738.61
	Copy your monthly expenses from line 22c of <i>Schedule J</i>	\$ 7,738.61

Part 4: Answer These Questions for Administrative and Statistical Records**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Yes

7. What kind of debt do you have?

Your debts are primarily consumer debts. *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

8. **From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$	<u>7,512.26</u>
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9. **Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

From Part 4 on Schedule E/F, copy the following:	Total claim
9a. Domestic support obligations (Copy line 6a.)	\$ <u>0.00</u>
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$ <u>16,099.74</u>
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$ <u>0.00</u>
9d. Student loans. (Copy line 6f.)	\$ <u>0.00</u>
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$ <u>0.00</u>
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$ <u>0.00</u>
9g. Total. Add lines 9a through 9f.	\$ <u>16,099.74</u>

Fill in this information to identify your case and this filing:

Debtor 1	Kristin A Micalizzi		
	First Name	Middle Name	Last Name
Debtor 2	Alexander V. Molenko		
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF NEW YORK</u>			
Case number			<input type="checkbox"/> Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- No. Go to Part 2.
 Yes. Where is the property?

1.1

40 Tidewater Avenue

Street address, if available, or other description

Massapequa **NY** **11758-0000**

City State ZIP Code

Nassau

County

What is the property? Check all that apply

- Single-family home
 Duplex or multi-unit building
 Condominium or cooperative

 Manufactured or mobile home
 Land
 Investment property
 Timeshare
 Other _____

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$440,000.00

Current value of the portion you own?

\$440,000.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

Check if this is community property
(see instructions)

Who has an interest in the property? Check one

- Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$440,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
 Yes

3.1 Make: **Jeep**
 Model: **Grand Cherokee**
 Year: **2008**
 Approximate mileage: **48,483**
 Other information:
Subject to Lien

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$12,380.00 **\$12,380.00**

3.2 Make: **Lexus**
 Model: **GX470**
 Year: **2007**
 Approximate mileage: **78,500**
 Other information:

Who has an interest in the property? Check one
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this is community property
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

Current value of the entire property? **Current value of the portion you own?**

\$15,000.00 **\$15,000.00**

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
 Yes

5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....=> **\$27,380.00**

Part 3: Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

6. Household goods and furnishings

Examples: Major appliances, furniture, linens, china, kitchenware

- No
 Yes. Describe.....

Misc. Household Goods and Furnishings

\$500.00

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- No
 Yes. Describe.....

Misc. Electronics

\$500.00

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

- No

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

 Yes. Describe.....**9. Equipment for sports and hobbies**

Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

 No Yes. Describe.....**10. Firearms**

Examples: Pistols, rifles, shotguns, ammunition, and related equipment

 No Yes. Describe.....**11. Clothes**

Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories

 No Yes. Describe.....

Misc. Wearing Apparel

\$500.00

12. Jewelry

Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

 No Yes. Describe.....

Misc. Jewelry

\$750.00

13. Non-farm animals

Examples: Dogs, cats, birds, horses

 No Yes. Describe.....**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here

\$2,250.00

Part 4: Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?

Current value of the portion you own?
 Do not deduct secured claims or exemptions.

16. Cash

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 No Yes.....

Cash

\$5.00

17. Deposits of money

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes.....

Institution name:

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

17.1. Checking	Citibank, Massapequa, NY - Act #: 9065	\$50.00
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18. Bonds, mutual funds, or publicly traded stocks*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts No Yes.....

Institution or issuer name:

19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No Yes. Give specific information about them.....

Name of entity:

% of ownership:

20. Government and corporate bonds and other negotiable and non-negotiable instruments*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them. No Yes. Give specific information about them

Issuer name:

21. Retirement or pension accounts*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No Yes. List each account separately.

Type of account:

Institution name:

22. Security deposits and prepayments

Your share of all unused deposits you have made so that you may continue service or use from a company

Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Yes.

Institution name or individual:

23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Yes.....

Issuer name and description.

24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes.....

Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c):

25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No Yes. Give specific information about them...**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property***Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements No Yes. Give specific information about them...**27. Licenses, franchises, and other general intangibles***Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No Yes. Give specific information about them...**Money or property owed to you?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

28. Tax refunds owed to you No Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Anticipated 2016 Tax Return

\$600.00

29. Family support*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement No Yes. Give specific information.....**30. Other amounts someone owes you***Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else No Yes. Give specific information..**31. Interests in insurance policies***Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund
value:**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information..**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment***Examples:* Accidents, employment disputes, insurance claims, or rights to sue No Yes. Describe each claim.....**34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim.....**35. Any financial assets you did not already list** No Yes. Give specific information..**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....**

\$655.00

Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.**37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.
 If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

- No. Go to Part 7.
 Yes. Go to line 47.

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

- No
 Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2	\$440,000.00
56. Part 2: Total vehicles, line 5	\$27,380.00
57. Part 3: Total personal and household items, line 15	\$2,250.00
58. Part 4: Total financial assets, line 36	\$655.00
59. Part 5: Total business-related property, line 45	\$0.00
60. Part 6: Total farm- and fishing-related property, line 52	\$0.00
61. Part 7: Total other property not listed, line 54	\$0.00
+	
62. Total personal property. Add lines 56 through 61...	\$30,285.00
	Copy personal property total
63. Total of all property on Schedule A/B. Add line 55 + line 62	\$470,285.00

Fill in this information to identify your case:

Debtor 1	Kristin A Micalizzi		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Alexander V. Molenko		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK		
Case number (if known)			

Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
40 Tidewater Avenue Massapequa, NY 11758 Nassau County Line from <i>Schedule A/B</i> : 1.1	\$440,000.00	<input checked="" type="checkbox"/> \$11,837.50 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(1)
2008 Jeep Grand Cherokee 48,483 miles Subject to Lien Line from <i>Schedule A/B</i> : 3.1	\$12,380.00	<input checked="" type="checkbox"/> \$7,550.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(2)
2008 Jeep Grand Cherokee 48,483 miles Subject to Lien Line from <i>Schedule A/B</i> : 3.1	\$12,380.00	<input checked="" type="checkbox"/> \$4,830.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
2007 Lexus GX470 78,500 miles Line from <i>Schedule A/B</i> : 3.2	\$15,000.00	<input checked="" type="checkbox"/> \$15,000.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)
Misc. Household Goods and Furnishings Line from <i>Schedule A/B</i> : 6.1	\$500.00	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known)

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
	Copy the value from <i>Schedule A/B</i>	Check only one box for each exemption.	
Misc. Electronics Line from <i>Schedule A/B</i> : 7.1	<u>\$500.00</u>	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Misc. Wearing Apparel Line from <i>Schedule A/B</i> : 11.1	<u>\$500.00</u>	<input checked="" type="checkbox"/> \$500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(3)
Misc. Jewelry Line from <i>Schedule A/B</i> : 12.1	<u>\$750.00</u>	<input checked="" type="checkbox"/> \$750.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(4)
Anticipated 2016 Tax Return Line from <i>Schedule A/B</i> :	<u>\$600.00</u>	<input checked="" type="checkbox"/> \$600.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	11 U.S.C. § 522(d)(5)

3. Are you claiming a homestead exemption of more than \$160,375?

(Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

- No
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?
 No
 Yes

Fill in this information to identify your case:

Debtor 1	Kristin A Micalizzi		
	First Name	Middle Name	Last Name
Debtor 2	Alexander V. Molenko		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>EASTERN DISTRICT OF NEW YORK</u>			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
- Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion if any
2.1 Chrysler Capital Creditor's Name PO Box 660335 Dallas, TX 75266-0335 Number, Street, City, State & Zip Code	\$10,530.00	\$12,380.00	\$0.00

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Describe the property that secures the claim:

2008 Jeep Grand Cherokee 48,483 miles
Subject to Lien

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Car Loan

Date debt was incurred 2013Last 4 digits of account number 6843

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Describe the property that secures the claim:

40 Tidewater Avenue Massapequa, NY 11758 Nassau County

\$746,115.40

\$440,000.00

\$306,115.40

As of the date you file, the claim is: Check all that apply.

- Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.

- An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Mortgage

Date debt was incurred 2006Last 4 digits of account number 0976

Debtor 1 Kristin A Micalizzi	First Name	Middle Name	Last Name	Case number (if known)
Debtor 2 Alexander V. Molenko	First Name	Middle Name	Last Name	

Add the dollar value of your entries in Column A on this page. Write that number here:

\$756,645.40

If this is the last page of your form, add the dollar value totals from all pages.

\$756,645.40

Write that number here:

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in this information to identify your case:

Debtor 1	Kristin A Micalizzi		
	First Name	Middle Name	Last Name
Debtor 2	Alexander V. Molenko		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106E/F**Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

	Total claim	Priority amount	Nonpriority amount	
2.1	Department of Treasury Priority Creditor's Name Internal Revenue Service Stop 830 Andover, MA 01810-0030 Number Street City State Zip Code	Last 4 digits of account number \$10,786.78	\$10,786.78	\$0.00
		When was the debt incurred? 2008		
	As of the date you file, the claim is: Check all that apply			
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
	Type of PRIORITY unsecured claim:			
	<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify Tax Lien			
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another			
	<input type="checkbox"/> Check if this claim is for a community debt <input checked="" type="checkbox"/> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known)

2.2	Department of Treasury Priority Creditor's Name Internal Revenue Service Stop 830 Andover, MA 01810-0030 Number Street City State Zip Code	Last 4 digits of account number \$5,312.96	When was the debt incurred? 2014	\$5,312.96	\$0.00
As of the date you file, the claim is: Check all that apply					
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed					
Type of PRIORITY unsecured claim:					
<input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____					
Tax Lien					

Part 2: List All of Your NONPRIORITY Unsecured Claims**3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.
 Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim	
4.1	Accounts Receivable Nonpriority Creditor's Name Management Inc. PO Box 129 Thorofare, NJ 08086-0129 Number Street City State Zip Code	Last 4 digits of account number 5019	\$351.98
		When was the debt incurred? 2008	
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify TD Bank Credit Card			

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

4.2	Arthur Palma & Rob Palma Nonpriority Creditor's Name CAR of New York Masonry & Asphalt 281 Broadway Bethpage, NY 11714 Number Street City State Zip Code	Last 4 digits of account number _____	\$20,000.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? 2012	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Services Rendered		
4.3	Biehl & Biehl, Inc. Nonpriority Creditor's Name 325 E. Fullerton Ave. Carol Stream, IL 60188 Number Street City State Zip Code	Last 4 digits of account number 7552	\$0.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? 2013	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Noticing Purposes Only/Newsday		
4.4	C.tech Collections, Inc. Nonpriority Creditor's Name PO Box 402 Mt. Sinai, NY 11766-0402 Number Street City State Zip Code	Last 4 digits of account number 9440	\$0.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? 2013	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify For Noticing Purpose Only/ NSLIJ Health Systems Labs		

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

4.5	C.tech Collections, Inc. Nonpriority Creditor's Name PO Box 402 Mt. Sinai, NY 11766-0402 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number 0029 When was the debt incurred? 2013 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts For Noticing Purpose Only/ Peter DeTolla, DDS	\$0.00
4.6	C.tech Collections, Inc. Nonpriority Creditor's Name PO Box 402 Mt. Sinai, NY 11766-0402 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? 2010 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts For Noticing Purpose Only/Northwell Health	\$0.00
4.7	CACH LLC Nonpriority Creditor's Name 370 17th St Suite 5000 Denver, CO 80202 Number Street City State Zip Code Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? 2014 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify _____	Unknown

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

4.8	Carlos Cruz Landscaping Nonpriority Creditor's Name 269 N. Ontario Ave Lindenhurst, NY 11757 Number Street City State Zip Code	Last 4 digits of account number _____ \$418.21
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? 2016
	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify _____	
4.9	Chase Nonpriority Creditor's Name PO Box 15860 Wilmington, DE 19850-5860 Number Street City State Zip Code	Last 4 digits of account number 4097 Unknown
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? 2010
	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify Credit Card	
4.10	Chase Nonpriority Creditor's Name PO Box 15860 Wilmington, DE 19850-5860 Number Street City State Zip Code	Last 4 digits of account number 5229 Unknown
	Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? 2010
	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Type of NONPRIORITY unsecured claim:	
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	<input checked="" type="checkbox"/> Other. Specify Credit Card	

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

4.11	<p>Computer Credit Inc. Nonpriority Creditor's Name PO Box 5238 Winston-Salem, NC 27113-5238 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 3253 \$0.00</p> <p>When was the debt incurred? 2016</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Winthrop University Hospital</p>
4.12	<p>Convergent Outsourcing Nonpriority Creditor's Name PO Box 9004 Renton, WA 98057-9004 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 7029 \$0.00</p> <p>When was the debt incurred? 2011</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Noticing Purposes Only/Optimum</p>
4.13	<p>David A. Gallow Nonpriority Creditor's Name & Associates, LLP 95-25 Queens Blvd. 11th Floor Rego Park, NY 11374 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$0.00</p> <p>When was the debt incurred? 2006</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>For Noticing Purpose Only/ <input checked="" type="checkbox"/> Other. Specify Citimortgage</p>

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

4.14	Dynamic Recovery Nonpriority Creditor's Name Solutions, LLC PO Box 25759 Greenville, SC 29616 Number Street City State Zip Code	Last 4 digits of account number 2579	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? 2012	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Check if this claim is for a community debt		
	Is the claim subject to offset?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
		For Noticing Purpose Only/Verizon Wireless	
4.15	Enhanced Recovery Nonpriority Creditor's Name Company, LLC PO Box 23870 Jacksonville, FL 32241-3870 Number Street City State Zip Code	Last 4 digits of account number 0001	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? 2013	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Check if this claim is for a community debt		
	Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
		For Noticing Purpose Only/Verizon Wireless	
4.16	Enterprise Rent-A-Car Nonpriority Creditor's Name PO Box 403328 Atlanta, GA 30384-3328 Number Street City State Zip Code	Last 4 digits of account number 9507	\$107.00
	Who incurred the debt? Check one.	When was the debt incurred? 2015	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
	Check if this claim is for a community debt		
	Is the claim subject to offset?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
		For Noticing Purpose Only/Verizon Wireless	

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

4.17	<p>Enzo Clinical Labs, Inc. Nonpriority Creditor's Name PO Box 9084 Farmingdale, NY 11735-9084 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0800 \$40.00</p> <p>When was the debt incurred? 2014</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Bill</p>
4.18	<p>FBCS Nonpriority Creditor's Name 330 S. Warminster Rd. Suite 353 Hatboro, PA 19040 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 0001 \$0.00</p> <p>When was the debt incurred? 2013</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Noticing Only/Verizon</p>
4.19	<p>Forster & Garbus LLP Nonpriority Creditor's Name 60 Motor Parkway PO Box 9030 Commack, NY 11725-9030 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number \$0.00</p> <p>When was the debt incurred? 2010</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p>For Noticing Purpose Only/ Midland Funding Income Execution Index #: 26725/12</p> <p><input checked="" type="checkbox"/> Other. Specify Index #: 26725/12</p>

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

4.20	GE Money Bank Nonpriority Creditor's Name 8875 Aero Dr. San Diego, CA 92123 Number Street City State Zip Code	Last 4 digits of account number _____ \$4,843.18
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? 2010 As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____
4.21	Gold Key Credit Inc. Nonpriority Creditor's Name PO Box 15670 Brooksville, FL 34604-0122 Number Street City State Zip Code	Last 4 digits of account number 7466 \$0.00 When was the debt incurred? 2012 As of the date you file, the claim is: Check all that apply
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts
		For Noticing Purpose Only/ Island Medical Physicians
4.22	Ingram and Associates Nonpriority Creditor's Name General Trust Deposit PO Box 860102 Minneapolis, MN 55486-0102 Number Street City State Zip Code	Last 4 digits of account number _____ \$0.00 When was the debt incurred? 2016 As of the date you file, the claim is: Check all that apply
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Check if this claim is for a community debt Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify For Noticing Purpose Only/NSLIJ

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

4.23	Internal Revenue Service Nonpriority Creditor's Name PO Box 7317 Philadelphia, PA 19101-7317 Number Street City State Zip Code	Last 4 digits of account number _____	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? 2008/2014	
	<input type="checkbox"/> Debtor 1 only	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Contingent	
	<input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
	Is the claim subject to offset?	<input type="checkbox"/> Student loans	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		For Noticing Purpose Only/ Back taxes 2008 and 2014	
4.24	Island Medical Physicians Nonpriority Creditor's Name 88 Arkay Drive Suite 1 Hauppauge, NY 11788 Number Street City State Zip Code	Last 4 digits of account number 7466	\$444.00
	Who incurred the debt? Check one.	When was the debt incurred? 2012	
	<input type="checkbox"/> Debtor 1 only	As of the date you file, the claim is: Check all that apply	
	<input checked="" type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
	Is the claim subject to offset?	<input type="checkbox"/> Student loans	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		■ Other. Specify Medical Bill	
4.25	J.C. Christensen and Associates, Inc. Nonpriority Creditor's Name PO Box 519 Sauk Rapids, MN 56379-0519 Number Street City State Zip Code	Last 4 digits of account number 7137	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? 2010	
	<input checked="" type="checkbox"/> Debtor 1 only	As of the date you file, the claim is: Check all that apply	
	<input type="checkbox"/> Debtor 2 only	<input type="checkbox"/> Contingent	
	<input type="checkbox"/> Debtor 1 and Debtor 2 only	<input type="checkbox"/> Unliquidated	
	<input type="checkbox"/> At least one of the debtors and another	<input type="checkbox"/> Disputed	
	<input type="checkbox"/> Check if this claim is for a community debt	Type of NONPRIORITY unsecured claim:	
	Is the claim subject to offset?	<input type="checkbox"/> Student loans	
	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	<input type="checkbox"/> Yes	<input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts	
		■ Other. Specify Noticing Purposes Only/GE Money Bank	

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

4.26	Jefferson Capital Nonpriority Creditor's Name Systems, LLC PO Box 7999 St. Cloud, MN 56302 Number Street City State Zip Code	Last 4 digits of account number _____	\$0.00
	Who incurred the debt? Check one.	When was the debt incurred? <u>2010</u>	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Noticing Purposes Only/GE Money Bank</u>	
4.27	Magnacare Nonpriority Creditor's Name 110 Bond St. Westbury, NY 11590 Number Street City State Zip Code	Last 4 digits of account number <u>4435</u>	\$375.00
	Who incurred the debt? Check one.	When was the debt incurred? <u>2015</u>	
	<input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>NSLIJ Medical</u>	
4.28	Meritain Health Nonpriority Creditor's Name 1405 Xenium Lane North Suite 140 Minneapolis, MN 55441 Number Street City State Zip Code	Last 4 digits of account number <u>8444</u>	\$495.00
	Who incurred the debt? Check one.	When was the debt incurred? <u>2015</u>	
	<input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	
	Check if this claim is for a community debt Is the claim subject to offset?	Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Services</u>	

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

4.29	Midland Funding LLC Nonpriority Creditor's Name In-House Counsel 100 Church Street 8th Floor New York, NY 10007 Number Street City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? 2010 _____	\$4,705.66
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify Income Execution # 26725/12			
4.30	Mullooly, Jeffrey, Rooney Nonpriority Creditor's Name & Flynn, LLP 6851 Jericho Tpke. Ste220 PO Box 9036 Syosset, NY 11791-9036 Number Street City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? _____	\$0.00
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify For Noticing Purpose Only/Winthrop			
4.31	Nassau County Sheriff's Nonpriority Creditor's Name Department 240 Old Country Rd Mineola, NY 11501 Number Street City State Zip Code	Last 4 digits of account number _____ When was the debt incurred? 2010 _____	\$0.00
As of the date you file, the claim is: Check all that apply			
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed			
Type of NONPRIORITY unsecured claim:			
<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts			
<input checked="" type="checkbox"/> Other. Specify For Noticing Purpose Only/ Midland Funding, LLC Index #:26724/12 Sheriff's File #: 1515157			

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

4.32	<p>Newsday LLC Nonpriority Creditor's Name 235 Pinelawn Rd. Melville, NY 11747-4250 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7552</u></p> <p>When was the debt incurred? <u>2013</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Delinquent Account</u></p>	<p style="text-align: right;">\$61.29</p>
4.33	<p>Northwell Health Nonpriority Creditor's Name Physician Partners PO Box 28372 New York, NY 10087-8372 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>0483</u></p> <p>When was the debt incurred? <u>2016</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u></p>	<p style="text-align: right;">\$736.00</p>
4.34	<p>Northwell Health Nonpriority Creditor's Name Physician Partners PO Box 28372 New York, NY 10087-8372 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5553</u></p> <p>When was the debt incurred? <u>2010</u></p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u></p>	<p style="text-align: right;">\$404.22</p>

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

4.35	NSLIJ Health System Nonpriority Creditor's Name PO Box 5200 Manhasset, NY 11030-5200 Number Street City State Zip Code	Last 4 digits of account number 9440	\$309.00
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? 2014	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Medical Bill		
4.36	NY State Dept of Taxation Nonpriority Creditor's Name and Finance WA Harriman Campusts Albany, NY 12227-0841 Number Street City State Zip Code	Last 4 digits of account number 3027	Unknown
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? 2012	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify _____		
4.37	Optimum Nonpriority Creditor's Name 6 Corporate Center Drive Melville, NY 11747 Number Street City State Zip Code	Last 4 digits of account number 7029	\$2,623.02
	Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another	When was the debt incurred? 2011	
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input checked="" type="checkbox"/> Other. Specify Utility Bill		

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

4.38	<p>Peter Detolla, DDS Nonpriority Creditor's Name 58 Church Road Levittown, NY 11756 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$151.00</p> <p>When was the debt incurred? 2015</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Medical Bill</p>
4.39	<p>Professional Claims Bureau Nonpriority Creditor's Name PO Box 9060 Hicksville, NY 11802 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number 6211 \$0.00</p> <p>When was the debt incurred? 2016</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Noticing Purposes Only/Northwell Health</p>
4.40	<p>Ronald Moses Nonpriority Creditor's Name 111 John Street Suite 500 New York, NY 10038 Number Street City State Zip Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____ \$0.00</p> <p>When was the debt incurred? 2014</p> <p>As of the date you file, the claim is: Check all that apply</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify Noticing Only/Cach LLC</p>

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

4.41 Silverman Acampora LLP Nonpriority Creditor's Name 100 Jericho Quadrangle Suite 300 Jericho, NY 11753 Number Street City State Zip Code	Last 4 digits of account number <u>9052</u>	When was the debt incurred? <u>2013-2016</u>
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify <u>Legal Services</u>		
<hr/> 4.42 Sunrise Credit Nonpriority Creditor's Name Services, Inc. 260 Airport Plaza PO Box 9100 Farmingdale, NY 11735-9100 Number Street City State Zip Code		
Last 4 digits of account number <u>2272</u>		
When was the debt incurred? <u>2014</u>		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify <u>Notice Purposes Only/Optimum</u>		
<hr/> 4.43 Vengroff Williams, Inc. Nonpriority Creditor's Name PO Box 4155 Sarasota, FL 34230-4155 Number Street City State Zip Code		
Last 4 digits of account number <u>2483</u>		
When was the debt incurred? <u>2014</u>		
As of the date you file, the claim is: Check all that apply		
<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
<input checked="" type="checkbox"/> Other. Specify <u>Noticing Purposes Only/Enzo Clinical Labs</u>		

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

4.44	Verizon Wireless Nonpriority Creditor's Name 2000 Corporate Drive 3rd Floor Orangeburg, NY 10962 Number Street City State Zip Code	Last 4 digits of account number	\$707.67
		When was the debt incurred?	2013
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Other. Specify _____		
4.45	Winthrop Hospital Nonpriority Creditor's Name 120 Mineola Blvd. Mineola, NY 11501 Number Street City State Zip Code	Last 4 digits of account number	\$200.00
		When was the debt incurred?	2016
	As of the date you file, the claim is: Check all that apply		
	<input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		
	Type of NONPRIORITY unsecured claim:		
	<input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts		
	<input type="checkbox"/> Other. Specify Medical Bill		

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address

Arthur & Bob Palma
218 Maple Street
Massapequa Park, NY 11762

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Arthur & Bob Palma
4 Cheryl Lane
Farmingdale, NY 11735

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Arthur & Bob Palma
48 Edgewater Avenue
Massapequa, NY 11758

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.2** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

Ingram and Associates
General Trust Deposit
PO Box 860102
Minneapolis, MN 55486-0102

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.39** of (Check one):

- Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known)

6211

Name and Address

**Optimum Cable
 1600 Motor Parkway
 Hauppauge, NY 11788**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.42 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

		Total Claim
Total claims from Part 1	6a. Domestic support obligations	6a. \$ 0.00
	6b. Taxes and certain other debts you owe the government	6b. \$ 16,099.74
	6c. Claims for death or personal injury while you were intoxicated	6c. \$ 0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. \$ 0.00
		16,099.74
Total claims from Part 2	6f. Student loans	6f. \$ 0.00
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g. \$ 0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h. \$ 0.00
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. \$ 49,041.14
		49,041.14

Fill in this information to identify your case:

Debtor 1	Kristin A Micalizzi		
	First Name	Middle Name	Last Name
Debtor 2	Alexander V. Molenko		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106G**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with your other schedules. You have nothing else to report on this form.
 Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B:Property* (Official Form 106 A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code			State what the contract or lease is for
2.1			
Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____			
2.2			
Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____			
2.3			
Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____			
2.4			
Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____			
2.5			
Name _____ Number _____ Street _____ City _____ State _____ ZIP Code _____			

Fill in this information to identify your case:

Debtor 1	Kristin A Micalizzi		
	First Name	Middle Name	Last Name
Debtor 2	Alexander V. Molenko		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK			
Case number (if known) _____			

Check if this is an amended filing

Official Form 106H Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

- No
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

Column 1: Your codebtor

Name, Number, Street, City, State and ZIP Code

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

Name _____

 Schedule D, line _____ Schedule E/F, line _____ Schedule G, line _____

Number	Street	
City		State
		ZIP Code

3.2

Name _____

 Schedule D, line _____ Schedule E/F, line _____ Schedule G, line _____

Number	Street	
City		State
		ZIP Code

Fill in this information to identify your case:

Debtor 1	Kristin A Micalizzi
Debtor 2 (Spouse, if filing)	Alexander V. Molenko
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK
Case number (if known)	

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

12/15

Official Form 106I

Schedule I: Your Income

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

	Debtor 1	Debtor 2 or non-filing spouse
Employment status	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
Occupation	Funding Manager	Loan Officer
Employer's name	Carrant Financial	Wells Fargo Bank N.A.
Employer's address	6901 Jericho Turnpike Syosset, NY 11791	101 North Phillips Avenue Sioux Falls, SD 57104

How long employed there? **4 yrs** **4 months**

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 3,900.00	\$ 5,200.00
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross Income. Add line 2 + line 3.	4. \$ 3,900.00	\$ 5,200.00

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

Copy line 4 here	For Debtor 1	For Debtor 2 or non-filing spouse
5. List all payroll deductions:	4. \$ <u>3,900.00</u>	\$ <u>5,200.00</u>
5a. Tax, Medicare, and Social Security deductions	5a. \$ <u>549.55</u>	\$ <u>1,510.21</u>
5b. Mandatory contributions for retirement plans	5b. \$ <u>0.00</u>	\$ <u>0.00</u>
5c. Voluntary contributions for retirement plans	5c. \$ <u>0.00</u>	\$ <u>0.00</u>
5d. Required repayments of retirement fund loans	5d. \$ <u>0.00</u>	\$ <u>0.00</u>
5e. Insurance	5e. \$ <u>258.16</u>	\$ <u>139.66</u>
5f. Domestic support obligations	5f. \$ <u>0.00</u>	\$ <u>0.00</u>
5g. Union dues	5g. \$ <u>0.00</u>	\$ <u>0.00</u>
5h. Other deductions. Specify: _____	5h.+ \$ <u>0.00</u>	+ \$ <u>0.00</u>
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ <u>807.71</u>	\$ <u>1,649.87</u>
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ <u>3,092.29</u>	\$ <u>3,550.13</u>
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <u>0.00</u>	\$ <u>0.00</u>
8b. Interest and dividends	8b. \$ <u>0.00</u>	\$ <u>0.00</u>
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <u>0.00</u>	\$ <u>0.00</u>
8d. Unemployment compensation	8d. \$ <u>0.00</u>	\$ <u>0.00</u>
8e. Social Security	8e. \$ <u>0.00</u>	\$ <u>0.00</u>
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ <u>0.00</u>	\$ <u>0.00</u>
8g. Pension or retirement income	8g. \$ <u>0.00</u>	\$ <u>0.00</u>
8h. Other monthly income. Specify: _____	8h.+ \$ <u>0.00</u>	+ \$ <u>0.00</u>
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ <u>0.00</u>	\$ <u>0.00</u>
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ <u>3,092.29</u> + \$ <u>3,550.13</u>	= \$ <u>6,642.42</u>
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____	11. +\$ <u>0.00</u>	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ <u>6,642.42</u>	
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain: <u>Debtor's Incomes Switches to Commission Based after 10 Pay Periods</u>		

Fill in this information to identify your case:

Debtor 1	Kristin A Micalizzi
Debtor 2 (Spouse, if filing)	Alexander V. Molenko
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK
Case number (If known)	_____

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.

Yes. Does Debtor 2 live in a separate household?

No

Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents? No

Do not list Debtor 1 and Debtor 2.

Yes. Fill out this information for each dependent.....

Do not state the dependents names.

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Daughter

6

No
 Yes
 No
 Yes
 No
 Yes
 No
 Yes

Son

9

3. Do your expenses include expenses of people other than yourself and your dependents?

No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I.)

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ **3,034.00**

Your expenses

If not included in line 4:

- 4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

4a. \$	0.00
4b. \$	0.00
4c. \$	130.00
4d. \$	0.00
5. \$	0.00

5. Additional mortgage payments for your residence, such as home equity loans

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

6. Utilities:	6a. Electricity, heat, natural gas	6a. \$ 466.00
	6b. Water, sewer, garbage collection	6b. \$ 165.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ 345.00
	6d. Other. Specify: Cell Phone	6d. \$ 192.57
7. Food and housekeeping supplies	7. \$ 1,200.00	
8. Childcare and children's education costs	8. \$ 300.00	
9. Clothing, laundry, and dry cleaning	9. \$ 200.00	
10. Personal care products and services	10. \$ 150.00	
11. Medical and dental expenses	11. \$ 250.00	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ 350.00	
13. Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$ 200.00	
14. Charitable contributions and religious donations	14. \$ 150.00	
15. Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a. Life insurance	15a. \$ 0.00	
15b. Health insurance	15b. \$ 18.00	
15c. Vehicle insurance	15c. \$ 297.00	
15d. Other insurance. Specify:	15d. \$ 0.00	
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16. \$ 0.00	
17. Installment or lease payments:	17a. \$ 291.04	
17b. Car payments for Vehicle 1	17b. \$ 0.00	
17c. Car payments for Vehicle 2	17c. \$ 0.00	
17d. Other. Specify:	17d. \$ 0.00	
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18. \$ 0.00	
19. Other payments you make to support others who do not live with you. Specify:	\$ 0.00	
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	19.	
20a. Mortgages on other property	20a. \$ 0.00	
20b. Real estate taxes	20b. \$ 0.00	
20c. Property, homeowner's, or renter's insurance	20c. \$ 0.00	
20d. Maintenance, repair, and upkeep expenses	20d. \$ 0.00	
20e. Homeowner's association or condominium dues	20e. \$ 0.00	
21. Other: Specify:	21. +\$ 0.00	
22. Calculate your monthly expenses		
22a. Add lines 4 through 21.	\$ 7,738.61	
22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2	\$	
22c. Add line 22a and 22b. The result is your monthly expenses.	\$ 7,738.61	
23. Calculate your monthly net income.		
23a. Copy line 12 (<i>your combined monthly income</i>) from Schedule I.	23a. \$ 6,642.42	
23b. Copy your monthly expenses from line 22c above.	23b. -\$ 7,738.61	
23c. Subtract your monthly expenses from your monthly income. The result is your <i>monthly net income</i> .	23c. \$ -1,096.19	
24. Do you expect an increase or decrease in your expenses within the year after you file this form? For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes.	Explain here: Debtors anticipate moving expenses within the next six (6) months	

Fill in this information to identify your case:

Debtor 1	Kristin A Micalizzi		
	First Name	Middle Name	Last Name
Debtor 2	Alexander V. Molenko		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>EASTERN DISTRICT OF NEW YORK</u>		
Case number (if known)			

Check if this is an amended filing

Official Form 106Dec**Declaration About an Individual Debtor's Schedules**

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.



Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ Kristin A Micalizzi

Kristin A Micalizzi
Signature of Debtor 1

Date February 22, 2017

X /s/ Alexander V. Molenko

Alexander V. Molenko
Signature of Debtor 2

Date February 22, 2017

Fill in this information to identify your case:

Debtor 1	Kristin A Micalizzi		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	Alexander V. Molenko		
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	EASTERN DISTRICT OF NEW YORK		
Case number (if known)			

Check if this is an amended filing

Official Form 107**Statement of Financial Affairs for Individuals Filing for Bankruptcy**

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Give Details About Your Marital Status and Where You Lived Before**1. What is your current marital status?**

- Married
 Not married

2. During the last 3 years, have you lived anywhere other than where you live now?

- No
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1 Prior Address:**Dates Debtor 1
lived there****Debtor 2 Prior Address:****Dates Debtor 2
lived there****3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)**

- No
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

Part 2 Explain the Sources of Your Income**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.
 If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

- No
 Yes. Fill in the details.

	Debtor 1	Debtor 2	
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.
For last calendar year: (January 1 to December 31, 2016)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$38,707.66	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
			\$50,517.60

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

Debtor 1		Debtor 2	
Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
For the calendar year before that: (January 1 to December 31, 2015)	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips \$40,570.00 <input type="checkbox"/> Operating a business	<input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business	\$53,442.00

5. Did you receive any other income during this year or the two previous calendar years?

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

- No
 Yes. Fill in the details.

Debtor 1		Debtor 2	
Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross income (before deductions and exclusions)

Part 3: List Certain Payments You Made Before You Filed for Bankruptcy**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more?

- No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

* Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.
 Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for ...

7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

- No
 Yes. List all payments to an insider.

Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments to an insider

Insider's Name and Address

Dates of payment

Total amount paid

Amount you still owe

Reason for this payment
Include creditor's name

Part 4: Identify Legal Actions, Repossessions, and Foreclosures

9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Case title
Case numberCitimortgage v. Micalizzi, et al.
6837/2013

Nature of the case

Foreclosure
Action/40
Tidewater
Avenue,
Massapequa, NY

Court or agency

Supreme Court of the State
of New York
County of Nassau
100 Supreme Court Drive
Mineola, NY 11501

Status of the case

 Pending
 On appeal
 Concluded

10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Creditor Name and Address

Describe the Property

Date

Value of the property

Explain what happened

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

No

Yes. Fill in the details.

Creditor Name and Address

Describe the action the creditor took

Date action was taken

Amount

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

Part 5: List Certain Gifts and Contributions

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

No

Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person

Describe the gifts

Dates you gave the gifts

Value

Person to Whom You Gave the Gift and Address:

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

- No
 Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Dates you contributed	Value
Charity's Name Address (Number, Street, City, State and ZIP Code)			

Part 6: List Certain Losses**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

- No
 Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss	Date of your loss	Value of property lost
	Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: <i>Property</i> .		

Part 7: List Certain Payments or Transfers**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

- No
 Yes. Fill in the details.

Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Macco & Stern, LLP 2950 Express Drive South Suite 109 Islandia, NY 11749	For services rendered in connection with this instant filing \$2,500.00. Filing fee \$335.00. See 2016(b) Statement attached.		\$0.00

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?

Do not include any payment or transfer that you listed on line 16.

- No
 Yes. Fill in the details.

Person Who Was Paid Address	Description and value of any property transferred	Date payment or transfer was made	Amount of payment

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

- No
 Yes. Fill in the details.

Person Who Received Transfer Address Person's relationship to you	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known)

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

- No
 Yes. Fill in the details.

Name of trust	Description and value of the property transferred	Date Transfer was made
---------------	---	------------------------

Part 8: List of Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No
 Yes. Fill in the details.

Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
--	---------------------------------	-------------------------------	--	---

21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?

- No
 Yes. Fill in the details.

Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
---	--	-----------------------	-----------------------

22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?

- No
 Yes. Fill in the details.

Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
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Part 9: Identify Property You Hold or Control for Someone Else

23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.

- No
 Yes. Fill in the details.

Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
--	--	-----------------------	-------

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known)

24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

25. Have you notified any governmental unit of any release of hazardous material?

- No
 Yes. Fill in the details.

Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
--	---	-----------------------------------	----------------

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- No
 Yes. Fill in the details.

Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case
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Part 11: Give Details About Your Business or Connections to Any Business**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
 A member of a limited liability company (LLC) or limited liability partnership (LLP)
 A partner in a partnership
 An officer, director, or managing executive of a corporation
 An owner of at least 5% of the voting or equity securities of a corporation

- No. None of the above applies. Go to Part 12.
 Yes. Check all that apply above and fill in the details below for each business.

Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed
--	---	--

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- No
 Yes. Fill in the details below.

Name Address (Number, Street, City, State and ZIP Code)	Date Issued
---	-------------

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
 18 U.S.C. §§ 152, 1341, 1519, and 3571.

/s/ Kristin A Micalizzi

Kristin A Micalizzi
 Signature of Debtor 1

/s/ Alexander V. Molenko

Alexander V. Molenko
 Signature of Debtor 2

Date February 22, 2017

Date February 22, 2017

Did you attach additional pages to *Your Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- No
 Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- No
 Yes. Name of Person _____. Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

Fill in this information to identify your case:

Debtor 1	Kristin A Micalizzi		
	First Name	Middle Name	Last Name
Debtor 2	Alexander V. Molenko		
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF NEW YORK			
Case number (if known) _____			

Check if this is an amended filing

Official Form 108**Statement of Intention for Individuals Filing Under Chapter 7**

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
---	---	---

Creditor's name: **Chrysler Capital**

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]: _____

No

Yes

Description of property securing debt: **2008 Jeep Grand Cherokee 48,483 miles Subject to Lien**

Creditor's name: **CitiMortgage, Inc.**

- Surrender the property.
- Retain the property and redeem it.
- Retain the property and enter into a *Reaffirmation Agreement*.
- Retain the property and [explain]: **retain**

No

Yes

Description of property securing debt: **40 Tidewater Avenue Massapequa, NY 11758 Nassau County**

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (*if known*) _____

Lessor's name:
 Description of leased
 Property:

No
 Yes

Part 3: Sign Below

Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any personal property that is subject to an unexpired lease.

X /s/ Kristin A Micalizzi

Kristin A Micalizzi

Signature of Debtor 1

Date February 22, 2017

X /s/ Alexander V. Molenko

Alexander V. Molenko

Signature of Debtor 2

Date February 22, 2017

Fill in this information to identify your case:

Debtor 1	Kristin A Micalizzi
Debtor 2 (Spouse, if filing)	Alexander V. Molenko
United States Bankruptcy Court for the:	Eastern District of New York
Case number (if known)	

Check one box only as directed in this form and in Form 122A-1Supp:

- 1. There is no presumption of abuse
- 2. The calculation to determine if a presumption of abuse applies will be made under *Chapter 7 Means Test Calculation* (Official Form 122A-2).
- 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 122A - 1

Chapter 7 Statement of Your Current Monthly Income

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file *Statement of Exemption from Presumption of Abuse Under § 707(b)(2)* (Official Form 122A-1Supp) with this form.

Part 1: Calculate Your Current Monthly Income

1. What is your marital and filing status? Check one only.

Not married. Fill out Column A, lines 2-11.

Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.

Married and your spouse is NOT filing with you. You and your spouse are:

Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.

Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).

Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ 3,468.54	\$ 4,043.72
\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00

2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).

\$ 3,468.54 \$ 4,043.72

3. Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.

\$ 0.00 \$ 0.00

4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.

\$ 0.00 \$ 0.00

5. Net income from operating a business, profession, or farm

Debtor 1

Gross receipts (before all deductions)	\$ 0.00
Ordinary and necessary operating expenses	-\$ 0.00
Net monthly income from a business, profession, or farm	\$ 0.00

Copy here -> \$ 0.00 \$ 0.00

6. Net income from rental and other real property

Debtor 1

Gross receipts (before all deductions)	\$ 0.00
Ordinary and necessary operating expenses	-\$ 0.00
Net monthly income from rental or other real property	\$ 0.00

Copy here -> \$ 0.00 \$ 0.00

7. Interest, dividends, and royalties

\$ 0.00 \$ 0.00

Debtor 1 **Kristin A Micalizzi**
 Debtor 2 **Alexander V. Molenko**

Case number (if known) _____

8. Unemployment compensation

Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here:

For you \$ **0.00**
 For your spouse \$ **0.00**

Column A Debtor 1	Column B Debtor 2 or non-filing spouse
\$ 0.00	\$ 0.00

9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act.**10. Income from all other sources not listed above.** Specify the source and amount.

Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.

\$ 0.00	\$ 0.00
----------------	----------------

Total amounts from separate pages, if any.

\$ 0.00	\$ 0.00
\$ 0.00	\$ 0.00
+ \$ 0.00	\$ 0.00

11. Calculate your total current monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B.

\$ 3,468.54	+ \$ 4,043.72	= \$ 7,512.26
--------------------	----------------------	----------------------

Total current monthly income

Part 2: Determine Whether the Means Test Applies to You**12. Calculate your current monthly income for the year.** Follow these steps:

12a. Copy your total current monthly income from line 11 Copy line 11 here=> \$ **7,512.26**

Multiply by 12 (the number of months in a year)

x 12

12b. The result is your annual income for this part of the form

12b. \$ **90,147.12****13. Calculate the median family income that applies to you.** Follow these steps:

Fill in the state in which you live.

NY

Fill in the number of people in your household.

4

Fill in the median family income for your state and size of household.

13. \$ **90,852.00**

To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office.

14. How do the lines compare?

- 14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*
 Go to Part 3.
- 14b. Line 12b is more than line 13. On the top of page 1, check box 2, *The presumption of abuse is determined by Form 122A-2.*
 Go to Part 3 and fill out Form 122A-2.

Part 3: Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Kristin A Micalizzi

Kristin A Micalizzi

Signature of Debtor 1

Date **February 22, 2017**
 MM / DD / YYYY

X /s/ Alexander V. Molenko

Alexander V. Molenko

Signature of Debtor 2

Date **February 22, 2017**
 MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Eastern District of New York

In re **Kristin A Micalizzi**
Alexander V. Molenko

Debtor(s)

Case No.

Chapter

7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 2,500.00
Prior to the filing of this statement I have received	\$ 1,265.00
Balance Due	\$ 1,235.00

2. \$ **335.00** of the filing fee has been paid.

3. The source of the compensation paid to me was:

Debtor Other (specify):

4. The source of compensation to be paid to me is:

Debtor Other (specify):

5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Exemption planning; preparation and filing of reaffirmation agreements and applications as needed

7. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 22, 2017

Date

/s/ Cooper J Macco

Cooper J Macco

Signature of Attorney

Macco and Stern, LLP

2950 Express Drive South

Suite 109

Islandia, NY 11749

631-549-7900 Fax: 631-549-7845

Name of law firm

**United States Bankruptcy Court
Eastern District of New York**

In re **Kristin A Micalizzi
Alexander V. Molenko**

Debtor(s)

Case No.
Chapter **7**

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s) or attorney for the debtor(s) hereby verify that the attached matrix (list of creditors) is true and correct to the best of their knowledge.

Date: **February 22, 2017**

/s/ Kristin A Micalizzi

Kristin A Micalizzi
Signature of Debtor

Date: **February 22, 2017**

/s/ Alexander V. Molenko

Alexander V. Molenko
Signature of Debtor

Date: **February 22, 2017**

/s/ Cooper J Macco

Signature of Attorney
Cooper J Macco
Macco and Stern, LLP
2950 Express Drive South
Suite 109
Islandia, NY 11749
631-549-7900 Fax: 631-549-7845

Accounts Receivable
Management Inc.
PO Box 129
Thorofare, NJ 08086-0129

Arthur & Bob Palma
218 Maple Street
Massapequa Park, NY 11762

Arthur & Bob Palma
48 Edgewater Avenue
Massapequa, NY 11758

Arthur & Bob Palma
4 Cheryl Lane
Farmingdale, NY 11735

Arthur Palma & Rob Palma
CAR of New York
Masonry & Asphalt
281 Broadway
Bethpage, NY 11714

Biehl & Biehl, Inc.
325 E. Fullerton Ave.
Carol Stream, IL 60188

C.tech Collections, Inc.
PO Box 402
Mt. Sinai, NY 11766-0402

CACH LLC
370 17th St
Suite 5000
Denver, CO 80202

Carlos Cruz Landscaping
269 N. Ontario Ave
Lindenhurst, NY 11757

Chase
PO Box 15860
Wilmington, DE 19850-5860

Chrysler Capital
PO Box 660335
Dallas, TX 75266-0335

CitiMortgage, Inc.
PO Box 6243
Sioux Falls, SD 57117-6243

Computer Credit Inc.
PO Box 5238
Winston-Salem, NC 27113-5238

Convergent Outsourcing
PO Box 9004
Renton, WA 98057-9004

David A. Gallow
& Associates, LLP
95-25 Queens Blvd.
11th Floor
Rego Park, NY 11374

Department of Treasury
Internal Revenue Service
Stop 830
Andover, MA 01810-0030

Dynamic Recovery
Solutions, LLC
PO Box 25759
Greenville, SC 29616

Enhanced Recovery
Company, LLC
PO Box 23870
Jacksonville, FL 32241-3870

Enterprise Rent-A-Car
PO Box 403328
Atlanta, GA 30384-3328

Enzo Clinical Labs, Inc.
PO Box 9084
Farmingdale, NY 11735-9084

FBCS
330 S. Warminster Rd.
Suite 353
Hatboro, PA 19040

Forster & Garbus LLP
60 Motor Parkway
PO Box 9030
Commack, NY 11725-9030

GE Money Bank
8875 Aero Dr.
San Diego, CA 92123

Gold Key Credit Inc.
PO Box 15670
Brooksville, FL 34604-0122

Ingram and Associates
General Trust Deposit
PO Box 860102
Minneapolis, MN 55486-0102

Internal Revenue Service
PO Box 7317
Philadelphia, PA 19101-7317

Island Medical Physicians
88 Arkay Drive
Suite 1
Hauppauge, NY 11788

J.C. Christensen and
Associates, Inc.
PO Box 519
Sauk Rapids, MN 56379-0519

Jefferson Capital
Systems, LLC
PO Box 7999
St. Cloud, MN 56302

Magnacare
110 Bond St.
Westbury, NY 11590

Meritain Health
1405 Xenium Lane North
Suite 140
Minneapolis, MN 55441

Midland Funding LLC
In-House Counsel
100 Church Street
8th Floor
New York, NY 10007

Mullooly, Jeffrey, Rooney
& Flynn, LLP
6851 Jericho Tpke. Ste220
PO Box 9036
Syosset, NY 11791-9036

Nassau County Sheriff's
Department
240 Old Country Rd
Mineola, NY 11501

Newsday LLC
235 Pinelawn Rd.
Melville, NY 11747-4250

Northwell Health
Physician Partners
PO Box 28372
New York, NY 10087-8372

NSLIJ Health System
PO Box 5200
Manhasset, NY 11030-5200

NY State Dept of Taxation
and Finance
WA Harriman Camputs
Albany, NY 12227-0841

Optimum
6 Corporate Center Drive
Melville, NY 11747

Optimum Cable
1600 Motor Parkway
Hauppauge, NY 11788

Peter Detolla, DDS
58 Church Road
Levittown, NY 11756

Professional Claims Bureau
PO Box 9060
Hicksville, NY 11802

Ronald Moses
111 John Street
Suite 500
New York, NY 10038

Silverman Acampora LLP
100 Jericho Quadrangle
Suite 300
Jericho, NY 11753

Sunrise Credit
Services, Inc.
260 Airport Plaza
PO Box 9100
Farmingdale, NY 11735-9100

Vengroff Williams, Inc.
PO Box 4155
Sarasota, FL 34230-4155

Verizon Wireless
2000 Corporate Drive
3rd Floor
Orangeburg, NY 10962

Winthrop Hospital
120 Mineola Blvd.
Mineola, NY 11501

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF NEW YORK

STATEMENT PURSUANT TO LOCAL
BANKRUPTCY RULE 1073-2(b)

DEBTOR(S): Kristin A Micalizzi
Alexander V. Molenko

CASE NO.: _____

Pursuant to Local Bankruptcy Rule 1073-2(b), the debtor (*or any other petitioner*) hereby makes the following disclosure concerning Related Cases, to the petitioner's best knowledge, information and belief:

[NOTE: Cases shall be deemed "Related Cases" for purposes of E.D.N.Y. LBR 1073-1 and E.D.N.Y. LBR 1073-2 if the earlier case was pending at any time within eight years before the filing of the new petition, and the debtors in such cases: (i) are the same; (ii) are spouses or ex-spouses; (iii) are affiliates, as defined in 11 U.S.C. § 101(2); (iv) are general partners in the same partnership; (v) are a partnership and one or more of its general partners; (vi) are partnerships which share one or more common general partners; or (vii) have, or within 180 days of the commencement of either of the Related Cases had, an interest in property that was or is included in the property of another estate under 11 U.S.C. § 541(a).]

NO RELATED CASE IS PENDING OR HAS BEEN PENDING AT ANY TIME.

THE FOLLOWING RELATED CASE(S) IS PENDING OR HAS BEEN PENDING:

1. CASE NO.: _____ JUDGE: _____ DISTRICT/DIVISION: _____

CASE STILL PENDING (Y/N): _____ [If closed] Date of closing: _____

CURRENT STATUS OF RELATED CASE: _____
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): _____

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: _____

2. CASE NO.: _____ JUDGE: _____ DISTRICT/DIVISION: _____

CASE STILL PENDING (Y/N): _____ [If closed] Date of closing: _____

CURRENT STATUS OF RELATED CASE: _____
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): _____

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: _____

3. CASE NO.: _____ JUDGE: _____ DISTRICT/DIVISION: _____

CASE STILL PENDING (Y/N): _____ [If closed] Date of closing: _____

(OVER)

DISCLOSURE OF RELATED CASES (cont'd)

CURRENT STATUS OF RELATED CASE: _____
(Discharged/awaiting discharge, confirmed, dismissed, etc.)

MANNER IN WHICH CASES ARE RELATED (*Refer to NOTE above*): _____

REAL PROPERTY LISTED IN DEBTOR'S SCHEDULE "A" ("REAL PROPERTY") WHICH WAS ALSO LISTED IN SCHEDULE "A" OF RELATED CASE: _____

NOTE: Pursuant to 11 U.S.C. § 109(g), certain individuals who have had prior cases dismissed within the preceding 180 days may not be eligible to be debtors. Such an individual will be required to file a statement in support of his/her eligibility to file.

TO BE COMPLETED BY DEBTOR/PETITIONER'S ATTORNEY, AS APPLICABLE:

I am admitted to practice in the Eastern District of New York (Y/N): Y

CERTIFICATION (to be signed by pro se debtor/petitioner or debtor/petitioner's attorney, as applicable):

I certify under penalty of perjury that the within bankruptcy case is not related to any case now pending or pending at any time, except as indicated elsewhere on this form.

/s/ Cooper J Macco

Cooper J Macco

Signature of Debtor's Attorney

Macco and Stern, LLP

2950 Express Drive South

Suite 109

Islandia, NY 11749

631-549-7900 Fax:631-549-7845

Signature of Pro Se Debtor/Petitioner

Signature of Pro Se Joint Debtor/Petitioner

Mailing Address of Debtor/Petitioner

City, State, Zip Code

Area Code and Telephone Number

Failure to fully and truthfully provide all information required by the E.D.N.Y. LBR 1073-2 Statement may subject the debtor or any other petitioner and their attorney to appropriate sanctions, including without limitation conversion, the appointment of a trustee or the dismissal of the case with prejudice.

NOTE: Any change in address must be reported to the Court immediately IN WRITING. Dismissal of your petition may otherwise result.